PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTION. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where interpretation further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated arriess corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

New York, NY 10036-2714

01/12/2006

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd 41st Floor 1177 Avenue of the Americas Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ansmitted to the USPTO (571) 273-2885, or	n the date indicated below.
	(Depositor's nam
	(Signatur
	(Dat

						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,974	08/04/2003	Toshiyuki Nomura Q4/0		94/96/	/2006 FNBEYEREE/F0580822	6 18632974 93
TITLE OF INVENTION: S	PEECH CODER/DECODE	₹		01 FC 02 FC 03 FC	: 1501 : 1504	1408.68 OP 308.00 OP 30.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE PU		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	04/12/2006
EXAM	IINER	ART UN	IT CL	ASS-SUBCLASS	٦	
VO, HU	JYEN X	2655		704-229000	_	
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	lence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion	e of a Customer E PRINTED ON Telow, no assignee	or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name wil THE PATENT (print of data will appear on the	ingle firm (having as or agent) and the nan attorneys or agents. It be printed. r type)	a member a 2	APIRO, MORIN & OSHINSK
(A) NAME OF ASSIGN	•	. (В) RESIDENCE: (CIT	· ·	untry) Japan	• •
•	assignee category or catego		inted on the patent):	☐ Individual 与	orporation or other private gro	oup entity Governmen
a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount permitte	ed)	Rayment by credit	ereby autho <u>rized</u> by o		credit any overpayment, t
	(from status indicated above				LL ENTITY status. See 37 C	
Authorized Signature	is requested to apply the Issublication Fee (if required) ords of the United States that	1. 10 1.	cheer	Date		2006

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/632,974-Conf. #2993 Application Number FEE TRANSMITTAL Filing Date August 4, 2003 For FY 2006 Toshiyuki Nomura First Named Inventor Examiner Name H. X. Vo 2655 Applicant claims small entity status. See 37 CFR 1.27 Art Unit F1866.0068 TOTAL AMOUNT OF PAYMENT 1,730.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Credit Card None Other (please identify): Check Money Order Dickstein Shapiro Morin & Oshinsky LLP Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 200 100 500 250 300 150 Utility 50 130 65 Design 200 100 100 Plant 200 100 300 150 160 80 500 250 600 300 300 150 Reissue 200 100 0 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 = HP = highest numer of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) HP = highest numer of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 1,400.00 Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal ... 300.00 30.00 8001 Printed copy of patent w/o color SUBMITTED BY Registration No. 34,425 Telephone (212) 896-5472 Signature April 5, 2006 Michael J. Scheel Name (Print/Type)